they have no takers. In fact, when the gentleman from Texas (Mr. DELAY), the majority leader, was asked about the reform legislation last week, his first response was to simply laugh. And then the gentleman from Texas (Mr. DELAY) responded, and I am quoting, ''I am not interested in the water that they are carrying for some of these leftist groups.''

Now, I would maintain that lobbying reform should not be a partisan issue. The majority leader should not stand in the way of any Republican who decides to sign on to the Meehan-Emanuel bill.

And could it be that the Republican leadership has become so cozy with Washington lobbyists that they do not want to see any lobbyist reform?

Mr. Speaker, 10 years ago the gentleman from Texas (Mr. DELAY) said right here on the House floor, and I am quoting, ''The time has come that the American people know exactly what their representatives are doing here in Washington . . . are they feeding at the public trough, taking lobbyist paid vacations, getting wined and dined by special interests? Or are they working hard to represent their constituents? The people, the American people have a right to know.''

Now, that is what the gentleman from Texas (Mr. DELAY) said, as I said, 10 years ago. But, Mr. Speaker, what has happened to the majority leader over the last 10 years that makes him sing a different tune today?

I think it is time this House support real lobbying reform, and it is time House Republicans seriously look at the ideas that the gentleman from Massachusetts (Mr. MEEHAN) and the gentleman from Illinois (Mr. EMANUEL) have put forward in their legislation.

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Indiana (Mr. BURTON) is recognized for 5 minutes.

(Mr. BURTON of Indiana addressed the House. His remarks will appear hereafter in the Extensions of Remarks.)

EXCHANGE OF SPECIAL ORDER TIME

Mr. PRICE of Georgia. Mr. Speaker, I ask unanimous consent to take the time of the gentleman from Indiana (Mr. BURTON) at this time.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

SCIENTIFIC MODEL FOR DECISION-MAKING

The SPEAKER pro tempore. Under a previous order of the House, the gentleman from Georgia (Mr. PRICE) is recognized for 5 minutes.

Mr. PRICE of Georgia. Mr. Speaker, I appreciate the opportunity to address the House this evening and talk about an issue that is not Republican; it is not Democrat. It is an issue that may potentially affect every single citizen in our Nation.

When I ran for office as a physician, many folks in my district and in my family and in my practice asked me why? What on Earth do you want do that for? Why would a physician run for office?

Well, in addition to the feelings that most of us had, I suspect, about making a real difference, one of the things that attracted me to being a public servant, running for office, was the opportunity to bring the scientific model to decision-making in the world of public policy. As a physician, I was trained in the scientific model.

And what is that? That means that when you have a problem before you, like a patient who has a disease that you do not know about, that you work as hard as you can to identify that problem, and then you gain as much information about that problem as possible. And then you define specific solutions for the problem, and then you enact one of those solutions. You enact one of those treatment plans, if you will, and you measure the result, see where you are; and if you are not where you need to be, then you change what you are doing and move on so that you make modifications that are necessary so that you work toward that end goal.

Now, this is a classic model for doing all that is necessary and not more. It also allows for the greatest amount of critical thinking about any issue, not just scientific issues, but any issue; and if it is followed, it will result in the best outcome.

Now, the opportunity to bring this type of decision-making, what I call solution-making, to Congress is truly a great privilege. For if we do not address problems in this manner, then we are left with political battles where the argument that carries the day goes to the group with the most and greatest number of troops on their side, or with the side that has the most passion or the most emotion in their argument.

Now, there is nothing wrong with numbers, and there is nothing wrong with passion, and there is nothing wrong with emotion. It is just that they may not get you to the right solution.

And such is the case, I believe, with the issue of stem cell research. What is the problem? What is the problem that we are trying to address with stem cell research? Well, it is diseases. Patients have diseases and stem cells may be able to cure some of those diseases.

Stem cells are cells that when they are stimulated or encouraged, they may become other kinds of cells, many of which may be beneficial in the treatment of diseases.

And there are basically three types of stem cells. There are embryonic stem cells, those cells that come from an embryo, a human before it is born. There are cord or placental cells, those cells that are left over after the birth of a baby. And then there adult stem cells; and those cells, in spite of the fact that they are called adult, come from anybody that has been born.

Now, regardless of where you come down on this matter, which cells ought to be used, I think it can be said that no one can state that this issue is not full of ethical dilemmas. The beauty of this issue is that science, if you follow the science, we can avoid those ethical challenges. And the bonus is that they work.

If you take a peek at this poster here, what we have are adult stem cells. And there are all sorts of different adult stem cells. There are bone marrow and peripheral blood and hair and cells from your stomach or your GI tract or the placenta or the brain. All of those can result in a different kind of cell. You can get tendon from bone marrow. You can get nerves from peripheral blood cells. You can get heart cells from skeletal muscle cells. All of these kind of cells are available.

In addition to that, the adult stem cells that have been used and studied have actually shown great benefit in many different diseases, unlike embryonic cells to date. Adult stem cells have treated 43 different types of diseases from brain cancer to myasthenia gravis to stroke. So they work. A couple of examples, Parkinson's patient treated with his own adult stem cell continues to exhibit relief from 80 percent of his symptoms more than 6 years after his surgery. A phase 1 human clinical trial using this therapy is currently under way.

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Umbilical cord cells were used to treat a South Korean woman who had been paralyzed, a spinal cord injury. She now is able to walk.

Dr. Denise Faustman, a leading diabetes researcher from Harvard has completely reversed end-stage juvenile diabetes in mice and has FDA approval to begin human clinical trials.

As we go through this discussion over the next number of weeks and months and years, frankly, I urge my colleagues to look anew, to look objectively at the issue of stem cell research. If we do, I believe that we can then all determine that we will work in a reasoned manner together to allow scientists and researchers to help the patients of our Nation.

A FREE AMERICAN

The SPEAKER pro tempore (Mr. KUHL of New York). Under a previous order of the House, the gentleman from Washington (Mr. MCDERMOTT) is recognized for 5 minutes.

Mr. MCDERMOTT. Mr. Speaker, last night, the House passed House Resolution 193 as a suspension bill. For people who may not know, suspension bills are meant to be noncontroversial measures the House typically passes unanimously.